₹	child Yes	dependent o	bilities of a spouse or dependent child Committee on Ethics.	transactions, or liabilitions transactions are liabilitions.	arned" income, ss you have firs	ny other assets, "une ot answer "yes" unle	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or lial because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	TION - Have) they meet all 1	EXENS
8	Yes 🗌	not be	excepted trusts" need not be lent child?	and certain other "exce spouse, or a dependent	nittee on Ethics ting you, your s	proved by the Comr of such a trust benef	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted t disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?		TRUSTS- disclosed.
S	ANSWER EACH OF THESE QUESTIONS	OF THE	WER EACH	1	TINFORM	NT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	JSION OF	EXCL
	Yes" response.	r each "Y	le attached fo	part must be answered and the appropriate schedule attached for each "Yes" response	and the ap	ust be answered	Each question in this part m	Each	
§ ⊠	Yes	ເກ \$5,000 fron	ompensation of more than \$5,000 from two prior years?	VI. Did you receive compute single source in the two If yes, complete and atta	No M	yes	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	III. Did you, your spouse, or able liability (more than \$10,0 if yes, complete and attach	III. Did y able liabi If yes, co
N _o	Yes	arrangement	eportable agreement or attach Schedule V.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	N _O	riod? Yes	It. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	II. Did you, your spouse, or a dependent income of more than \$200 in the reporting reportable asset worth more than \$1,000; If yes, complete and attach Schedule II.	II. Did yo income o reportabl If yes, co
N _O	s? Yes	r before the d	eportable positions on or before the dal calendar year or in the prior two years? attach Schedule IV.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	N _N	y ves	 Did you or your spouse have "earned" income (e.g., salaries fees) of \$200 or more from any source in the reporting period? yes, complete and attach Schedule I. 	i. Did you or your spouse have "earned" in tees) of \$200 or more from any source in if yes, complete and attach Schedule I.	I. Did yo fees) of \$
				EACH OF THESE QUESTIONS	OF THESE	/ER	In all sections, please type or print clearly in blue or black ink PRELIMINARY INFORMATION — ANSW	MINARY II	PRELI
	more than 30 days late.	more t				Employing Office:			
assessed who files	— o	A \$200 agains	Check if Amendment	JUNE 24, 2014	Date of Election:	ct: 5	Candidate for the State: House of Representatives District: New officer or		Filer Status
	(Office Use Only)								
	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	DEFICE OF THE	N.S.H	Daytime Telephone:	Daytime	ZEF	L JEFFREY TURNER	Name: MICHAEL	Name
Page 1 of 🗂	4	LATIVE RESO	בבמוג d new employees מ חפש	FORM B LEGISL TIVE RESOURCE CENTER For use by candidates and new employees 2014 JUN -2 AM 10: 14	Fo	ENTATIVES	JNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - APRIL 30, 20	JNITED STATES HOUS FINANCIAL DISCLOSU Period covered: January 1,	JNITE FINAL Period

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Excitus: military pay (such as inautorial Guard of Fieser ve pay), reveral remember programs, and	15	ettettia tecetaen aundet nie oonial oennity	occurry Acr.
Source (include date of receipt for honoraria)	Type	Amount	unt
- : - Indiana data or reserving	· ypc	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA.
STATE OF OKLAHOMA HOUSE OF REPRESENTATIVES, OKC, OK	SALARY	80x: \$13,400	Apx: \$40,200

	SUAIL CREEK BANK C. OK ACCT	CDEEK 1	QUALL CREEK BANK MITO, OK ACK	QUAIL CREEK BANK TB, OK acct	QUAL CREEK BANK TA, OK ORCT	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Asset and/or income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For etil IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.
Х	*	*	~	×	*	×	Indefinite	X	None	BLOCK B Value of Asset dicate value of asset at close of porting year. If you use a valuation ethod other than fair market value, ease specify the method used. an asset was sold during the report gyear and is included only because generated income, the value should "None." This column is for assets solely held your spouse or dependent child.
*	*	*	*	*	*	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
×	*	X	*	**************************************	-		×	X	None	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. * This column is for income derived from assets solely held by your spouse or dependent child.

Page 4 of ¶

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Spouse/DC Income over \$1,000,000*

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EDULE II -
ASSETS AND
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SHEDULE III — LIABILITIES

Name MICHBEL J. TURNER

Page 6 of

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

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SP,			 	
Creditor	Example: First Bank of Wilmington, DE	Z/A		
Date Liability Incurred mo/year	May 1998	N/A		
Type of Liability	Mortgage on 123 Main Street, Dover, DE	Z/P		
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SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solate of an honorage nature

and positions solely of an honorary nature.	iature.
Position	Name of Organization
Member	OKLAHOMA HOUSE OF REPRESENTATIVES
(0 FOUNDER	DRIFTWOOD LLC
PARTNER	CAMT INVESTMENTS LLC
member	3 mm & LC
330 NO	mp - one LLC

Use additional sheets if more space is required

HEDULE V — AGREEMENTS

Name MICHAEL J. TURNER

Page Z of Z

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
NIA	NIA	N/A
-		

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Dutles
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
N/A	N/A

GPO: 2013

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